

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12424

FILED APR 10 1953

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State File No.

Registrar's No. 3375

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo				c. LENGTH OF STAY (in this place) 5 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Mountain Grove 1141			
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Employees Hosp.				d. STREET ADDRESS (If rural, give location) /					
3. NAME OF DECEASED a. (First) ROBERT (Type or Print)				b. (Middle) Tipton		c. (Last) /		4. DATE OF DEATH (Month) (Day) (Year) 3-29-53	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH June 4, 1904		9. AGE (in years last birthday) 48 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad		11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isaac Tipton				13b. MOTHER'S MAIDEN NAME Martha Watkins		14. NAME OF HUSBAND OR WIFE Geneva Tipton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geneva Tipton Mountain Grove, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 m	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 163X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 2/17/53 , to 2/27/53 , that I last saw the deceased alive on 3/29/53 , 19 53 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Harry W. Noller MD				23b. ADDRESS 4960 Larch St. St. Louis, Mo		23c. DATE SIGNED 3/29/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/30/53		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Willow Springs, Missouri			
DATE REC'D BY LOCAL HEALTH DEPT. MAR 30 1953		REGISTRAR'S SIGNATURE J. C. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Meyer Pfitzinger		ADDRESS Kirkwood, Missouri			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 29 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed William H. Gitzinger

Licensed Embalmer No. 4316

P. O. Address Likewood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.